TO: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices	NOTICE OF FORM CHA	ANGE NO.		DATE
Private and Public Adoption Agencies	County Welfare Dire		Forms Mana	
Listed below is information regarding a form change. Only applicable information is shown. This notice updates your Department of Social Services County Forms Catalog. FORM NUMBER AND TITLE ORDER UNIT Free	☐ Community Care Lice	nsing District Offices	☐ District Attorney	
This notice updates your Department of Social Services County Forms Catalog. FORM NUMBER AND TITLE ORDER UNIT ORDER ORDER ORDER ORDE	☐ Private and Public Ad	option Agencies	☐ Other	
FORM NUMBER AND TITLE ORDER UNIT	Listed below is information re	egarding a form change. O	nly applicable information is show	vn.
ORDER UNIT	This notice updates your Dep	partment of Social Services	County Forms Catalog.	
Free Sold Yes No	FORM NUMBER AND TITLE			
New	ORDER UNIT		ESTIMATED PRICE	INITIAL SUPPLY SENT
New Revised Obsolete REQUIRED FORM- REQUIRED FORM- No Change Permitted Substitute Permitted With Prior DSS Approval Recommended Form UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: OTHER: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788 DISPOSITION AND SPECIAL INSTRUCTIONS DISPOSITION OF OLD SUPPLY Use until exhausted Destroy USE NEW FORM When supply available in DSS Warehouse Use new form effective USE FORM IN ACCORDANCE WITH All County Letter No.		☐ Free ☐ Sold		☐ Yes ☐ No
REQUIRED FORM- No Change Permitted		DATE OF FORM	REPLACES	
No Change Permitted Substitute Permitted With Prior DSS Approval Recommended Form UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: OTHER: Department of Social Services Warehouse P.O. Box 980788 OTHER: FORMS DISPOSITION AND SPECIAL INSTRUCTIONS DISPOSITION OF OLD SUPPLY Use until exhausted Destroy USE NEW FORM When supply available in DSS Warehouse Use new form effective USE FORM IN ACCORDANCE WITH All County Letter No.	☐ New ☐ Revised			☐ Obsolete
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Use until exhausted Use until exhausted Use new form When supply available in DSS Warehouse Use new form effective Use form in accordance with All County Letter No.	P.O. Box 980788			
Use until exhausted □ Destroy USE NEW FORM □ When supply available in DSS Warehouse □ Use new form effective USE FORM IN ACCORDANCE WITH □ All County Letter No.		FORMS DISPOSITION	ON AND SPECIAL INSTRUCTION	DNS
USE NEW FORM When supply available in DSS Warehouse Use new form effective USE FORM IN ACCORDANCE WITH All County Letter No.	DISPOSITION OF OLD SUPPLY			
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USE FORM IN ACCORDANCE WITH All County Letter No.				
☐ All County Letter No.	☐ When supply available in	DSS Warehouse	☐ Use new form effect	ctive
☐ Other (specify)	☐ All County Letter No.			
	☐ Other (specify)			

ADDITIONAL INFORMATION REGARDING FORM CHANGE

TOTAL PROGRAM COST DISPLAY (FCR 12FFA)

SUBMIT ONE FOR EACH PROGRAM

Number	of	months	in	cost	reporting	period	

CORPORATE/LICENSEE NAME PROGRAM NAME (IF DIFFERENT)		CORPORATE NUMBI	CORPORATE NUMBER		PROGRAM NUMBER		PROGRAM FISCAL YEAR (MO /YR - MO /YR)	
LINE	LINE IT	(2) TOTAL (SUM OF COLS. 3 THRU 6)	(3) ADMINISTRATION	(4)	(5)	(6) SOCIAL WORK	(7)	
100a	Executive Director Salary							
100b	Assistant Director Salary							
100c	Administrator Salary							
100d	All Other Administrative Salaries							
101	Recruitment Payroll							
102	Training Payroll							
110	Administrative Contracts							
121	Telephone and Telegraph							
122	Postage and Freight							
123	Office Supplies							
132	Conferences, Meetings, In-Service	e Training						
133	Memberships, Subscriptions, Due	S						
134	Printing, Publications							
135	Bonding, General Insurance							
137	Advertising							
138	Miscellaneous							
200	Building and Equipment Payroll							
211	Building Rents and Leases							
214	Acquisition Mortgage Principal & I	nterest						
215	Property Appraisal Fees							
216	Property Taxes							

TOTAL PROGRAM COST DISPLAY (FCR 12FFA)

PURPOSE:

This form displays the annual expenditures of the specific FFA program. The costs displayed should represent actual allowable and reasonable costs incurred for the program during the corporation's most recent fiscal year.

If the corporation operates more than one program (separate level of care) a separate FCR 12FFA must be completed for each program. The sum of Lines 500, Column 2 on all FCR 12FFA forms should equal the corporation's total FFA budget for the fiscal year.

INSTRUCTIONS:

Corporate/Licensee Name: Enter the name shown on line 1 of the FCR 1FFA which was submitted for the latest rate request.

Program Name: Enter the Program Name if different from the Corporate/Licensee Name.

Corporate Number: Enter the number issued by the California Secretary of State.

Program Number: Enter the program number from the FCR 2FFA (e.g., 1234.01.01).

Reporting Period: Costs reported are the actual costs incurred for the reporting period which is the provider's most recent fiscal year. Enter the beginning and ending month and year for the agency's fiscal year (e.g., 07/2001 - 06/2002).

Column 1: Line items of costs that might be incurred by an FFA. Enter the amount that was incurred during the program's fiscal year.

- Line 100a Executive Director Salary Report the annual salary for person designated as the Executive Director. Include payroll, payroll taxes, and benefits (if applicable).
- Line 100b: Assistant Director Salary Report annual salary for person designated as the Assistant Director. Include payroll, payroll taxes, and benefits (if applicable).
- Line 100c: Administrator Salary Report annual salary for person designated as the Administrator. Include payroll, payroll taxes, and benefits (if applicable).
- Line 100d: All other Administrative Salaries Report annual salaries for all other staff primarily responsible for the ongoing administration and support functions of the organization, including salaries and wages, overtime, payroll taxes and employee benefits which include vacation, sick leave, contributions to an employee pension plan, and dental and health insurance.
- Line 101: Recruitment Payroll Report the cost of recruiting certified family home foster parents. Include payroll, payroll taxes, and benefits (if applicable).
- Line 102 Training Payroll Report the cost of training certified family home foster parents. Include payroll, payroll taxes, and benefits (if applicable).
- Line 110: Administrative Contracts Report legal, consulting or other contract fees related to the program.
- Line 121: Telephone and Telegraph Report all telephone, telegraph, facsimile (fax), cellular, and pager costs related to the program.
- Line 122: Postage and Freight Report all postage and freight costs related to the program.
- Line 123: Office Supplies Report office supply costs related to the program.
- Line 132: Conferences, Meetings, In-Service Training Report the cost of attending conferences, meetings, and in-service training related to foster care.
- Line 133: Memberships, Subscriptions, Dues Report the cost of memberships, subscriptions, and dues related to foster care.
- Line 134: Printing, Publications Report all printing and publication costs related to the program.
- Line 135: Bonding, General Insurance Report all bonding and general insurance costs related to the program.
- Line 137: Advertising Report all costs related to advertising for the program.
- Line 138: Miscellaneous Report all costs related to the program not already identified in any other line item on this form.
- Line 200: Building and Equipment Payroll Report all program building and equipment payroll costs. Include payroll, payroll taxes, and benefits (if applicable).
- Line 211: Building Rents and Leases Report all building rent and lease costs related to the program.
- Line 214: Acquisition Mortgage Principal & Interest Report any principal and interest on original acquisition mortgages related to the program.
- Line 215: Property Appraisal Fees Report independent appraisals, for both owned and leased property related to the program.
- Line 216: Property Taxes Report any taxes for both owned and leased or rented property related to the program.
- Line 217: Building and Equipment Insurance Report insurance costs for both owned and leased or rented buildings and equipment related to the program.
- Line 221: Utilities Report the cost of electricity, natural gas, water, garbage, and sewer as they apply to the program.
- Line 222: Building Maintenance Report all building maintenance costs related to the program.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

TOTAL PROGRAM COST DISPLAY (FCR 12FFA) SUBMIT ONE FOR EACH PROGRAM - CONTINUED

Number of months in cost reporting period _____

CORPORATE/LICENSEE NAME		CORPORATE NUMBER (IF DIFFERENT)	CORPORATE NUMB	CORPORATE NUMBER		PROGRAM NUMBER		PROGRAM FISCAL YEAR (MO/ YR - MO/ YR)	
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	
LINE	LINE ITEMS OF COST		TOTAL (SUM OF COLS. 3 THRU 6)	ADMINISTRATION		TRAINING	SOCIAL WORK	EXPLANATION	
217	Building and Equipment Insurance								
221	Utilities								
222	Building Maintenance								
223	Building and Equipment Contracts								
224	Building and Equipment Supplies								
225	Equipment Leases								
226	Equipment Depreciation Expense								
227	Expendable Equipment								
228	Building and Equipment Miscellane	eous							
241	Vehicle Leases								
242	Vehicle Depreciation								
243	Vehicle Operating Costs								
350	Total Paid to Certified Family Home	<u> </u>							
352									
410	Social Worker Payroll and/or Social Worker Contract								
440	Direct Care Contracts								
500	TOTAL EXPENSES								

FCR 12FFA (12/02) Page 2 of 2

TOTAL PROGRAM COST DISPLAY (FCR 12FFA) (CONTINUED)

- Line 223: Building and Equipment Contracts Report building equipment payroll, payroll taxes, and employee benefits and any other cost of building and equipment contracts.
- Line 224: Building and Equipment Supplies Report all building and equipment supply costs.
- Line 225: Equipment Leases Report all equipment lease costs.
- Line 226: Equipment Depreciation Expense Report equipment depreciation expense. Identify the depreciation methodology in the notes to the financial statements.

 The total depreciation charges throughout the useful life of the equipment shall not exceed the original cost of the acquisition.
- Line 227: Expendable Equipment Report expendable equipment as identified in the financial statements.
- Line 228: Building and Equipment Miscellaneous Report miscellaneous building and equipment costs not previously identified.
- Line 241: Vehicle Leases Report vehicle lease costs related to the program.
- Line 242: Vehicle Depreciation Report vehicle depreciation costs related to the program.
- Line 243: Vehicle Operating Costs Report vehicle operating costs such as insurance, fuel, maintenance and repairs, license fees, taxes, and reimbursements to employees for business use of their personal automobiles as it applies to the program.
- Line 350: Total Paid to Certified Family Homes The amount reported includes payments to the foster parents for the cost of, and the cost of providing, but not limited to the following items: food, clothing, shelter, daily supervision, school supplies, personal incidentals, reasonable travel to the child's home for visitation, liability insurance which covers the child.
- Line 352: Other Child-Related Costs, Not Provided by Certified Family Homes Report all other child-related costs not provided by certified family homes.
- Line 410: Social Worker Payroll and/or Social Worker Contract Report all social worker payroll or contract costs. Include payroll, payroll taxes, and benefits (if applicable).
- Line 440: Direct Care Contracts Report any direct care contract costs not identified elsewhere.
- Line 500: Total Expenses Enter the total amount of each column.
- Column 2: Total: Enter total program expenditures for each line item of cost that was incurred during the fiscal year. If a cost item is shared among two or more programs, enter only that portion spent for the specific program.

EXAMPLE: The agency office is used for two programs. Program A serves 20 children, Program B serves 10 children. If the rental cost for the office (line item 211) is \$9,000 for the year, the cost could appropriately be allocated by entering \$6,000 on the FCR 12FFA for Program A and \$3,000 on the FCR 12FFA for Program B. Explain in column 7 the allocation method used to arrive at this program's share of costs.

Columns 3-6:

Activity: Based on percentage of use, or other appropriate allocation explained in column 7, enter the proportion of the cost in column 2 that is spent for each of these activities.

EXAMPLE: The agency car operating expenses (gas, oil, maintenance, repair) are \$4,000 for the year. It is used 50% of the time by the social worker, 20% for administrative duties, 20% by training personnel, and 10% for recruitment of new foster homes. This cost will be shown as follows:

	Column 2	Column 3	Column 4	Column 5	Column 6
Line 243	Total	Admin.	Recruit.	Training	Social Wk
	\$4,000	\$800	\$400	\$800	\$2,000

Column 7: Explain how the figures in Columns 3-6 were determined, including the allocation bases. If more space is necessary, attach an additional sheet.